

# EXPORT-IMPORT BANK OF THE UNITED STATES

## APPLICATION for a FINANCIAL INSTITUTION BUYER CREDIT POLICY

(Please Print or Type)

APP. NO. \_\_\_\_\_ (Ex-Im Bank Use Only)

**INSURANCE BROKER:** If none, insert "none."

Broker #: \_\_\_\_\_

Name of Brokerage: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**1. APPLICANT:**

(Ex-Im use only: Insured #: \_\_\_\_\_)

Applicant Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact person: \_\_\_\_\_

Fax #: \_\_\_\_\_

Position Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Please attach the following information unless you submitted this information within the past 6 months for Policy No. \_\_\_\_\_.

a. Taxpayer ID #: \_\_\_\_\_ Duns #: \_\_\_\_\_ Congressional District: \_\_\_\_\_ **AND**

b. Market Rating: \_\_\_\_\_ Rating Agency: \_\_\_\_\_ Date: \_\_\_\_\_, **OR**

- c. (1)  Your most recent published annual report, or audited financial statements.
- (2)  Your most recent available 10K and 10Q reports.
- (3)  A credit agency report dated within 6 months. If unavailable, attach check for \$35.00 to cover Ex-Im Bank's cost in ordering report.
- (4) How long have you been lending internationally? \_\_\_\_\_
- (5) To what countries do you actively lend? \_\_\_\_\_
- (6) How is your foreign loan portfolio broken down between government \_\_\_\_% and private \_\_\_\_% sector buyers?
- (7) How often do you visit your overseas buyers? \_\_\_\_\_
- (8)  Attach the names, titles, and the international lending backgrounds of the individuals responsible for administering Ex-Im policies.

**2. TRANSACTION:**

- a. This insurance application is for, check one, a credit extended by you based on:  
your relationship with the Buyer or Guarantor, a  Buyer Credit, **or**, your relationship with the exporter, a  Supplier Credit.
- b. This application is for  Comprehensive (Commercial and Political Cover) or  Political Only Cover.
- c. This application is for a  Single Financing or a  Revolving Line.
- d. Credit limit requested \$ \_\_\_\_\_
- e. Payment terms requested \_\_\_\_\_
- f. Ex-Im Bank requires a written debt obligation, i.e., promissory note or draft. If none, check here  and provide a full description of documentation which constitutes the buyer's debt obligation. \_\_\_\_\_
- g. Indicate whether  negotiating or  financing mandate received.
- h. For buyer credits, provide a brief description of the products (for supplier credits see 5.c.) \_\_\_\_\_

**3. BUYER:** The "buyer" is the entity which agrees to repay the credit (loan). Refer to Ex-Im Bank's Short Term Credit Standards (EIB99-09) for Buyers to determine the likelihood of approval:

- a. This buyer is  Sovereign,  Non-Sovereign Public Sector, or  Private Sector. (Ex-Im use only: File #: \_\_\_\_\_)
- Buyer Name: \_\_\_\_\_ Duns #: \_\_\_\_\_
- Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
- Position Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_
- Street Address: \_\_\_\_\_ City: \_\_\_\_\_
- State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

The following information on the buyer is necessary unless the credit is based on a guarantor, if so check here  and complete for the guarantor

- b. For **all applications** provide in an attachment:
  - (1)  A summary of credit facilities (insured and uninsured) extended by the  applicant or the  exporter (for Supplier Credits) to this buyer/guarantor specifying the high credit, whether secured or unsecured, and tenor(s) with details on past dues (if applicable), or  None.
  - (2) For  non-sovereign public or  private buyers/guarantors on which comprehensive cover is requested, provide the following:
    - (a) Market Rating: \_\_\_\_\_ Rating Agency: \_\_\_\_\_ Date: \_\_\_\_\_, **OR**
    - (b)  A bank reference not older than 6 months from date of application **and**
      - (i)  2 Ex-Im Bank Trade Reference forms (EIB99-14) dated within 6 months of the application **and**
      - (ii)  For a credit limit up to \$1 million, the last 2 fiscal year end audited or signed unaudited financial statements with notes.
        - For a credit limit over \$1 million, provide 3 fiscal year end audited statements with notes and the most recent interim statements with notes if the last fiscal year end is more than 9 months prior to application.
  - (3)  The applicant's credit memorandum on the buyer/guarantor.

(4) Have you visited the buyer/guarantor?  No  Yes, if yes give date: \_\_\_\_\_ and attach a copy of your call report.

**4. GUARANTOR:** The “guarantor” is the entity which agrees to repay the credit if the borrower does not. Complete the information below and provide the information in 3.b. if the credit is based on the guarantor. (Ex-Im use only: File #: \_\_\_\_\_)

This guarantor is  Sovereign,  Non-Sovereign Public Sector, or  Private Sector.

Guarantor Name: _____	Duns #: _____
Contact person: _____ Phone #: _____	Fax #: _____
Position Title: _____	E-Mail: _____
Street Address: _____	City: _____
State/Province: _____ Postal Code: _____	Country: _____

**5. For SUPPLIER CREDITS only:**

**NOTE:** You are **not** required to fill out this section for **Buyer Credits** but, if any information is known, please complete in a, b and c.

**a. EXPORTER:**

The “exporter” is the entity which contracts with the buyer for the sale of the U.S. items and services. (Ex-Im use only: File #: \_\_\_\_\_)

Exporter Name: _____	Phone #: _____
Contact person: _____	Fax #: _____
Position Title: _____	E-Mail: _____
Street Address: _____	City: _____
State: _____	Zip Code: _____
Taxpayer ID #: _____ Duns #: _____	Congressional District: _____
Fiscal year ended (mo. & yr.): _____ Gross sales revenue in last fiscal year: \$ _____	# of employees: _____
Standard Industrial Code of business: _____ Indicate (Not Required) if owned by a <input type="checkbox"/> Woman or <input type="checkbox"/> Ethnic Minority, describe: _____	

If “Documentary” cover is desired, check here  and attach the following unless the exporter submitted it within the past 6 months for Policy No. \_\_\_\_\_. Refer to Ex-Im Bank’s Short Term Credit Standards (EIB99-09) Exporter Standards for an Enhanced Assignment to determine the likelihood of approval of documentary cover if the exporter, using the US Small Business Administration guidelines, is a small business.

- (1)  A bank reference on the exporter dated within 6 months of the application **and**
- (2)  2 trade references on the exporter dated within 6 months of the application **and**
- (3) The last 2 fiscal year financial statements of the exporter as follows:

<u>Claim Payment Limit</u> (Credit Limit x % of cover)	<u>Minimum Requirement</u>
<input type="checkbox"/> \$500,000 or less	signed by an authorized officer of the exporter
<input type="checkbox"/> \$500,001 - \$999,999	reviewed by a CPA with notes attached
<input type="checkbox"/> \$1,000,000 or more	audited by a CPA with opinion and notes attached

**NOTE:** The net worth, including subordinated shareholder debt, of the exporter must be at least 20% of the Claim Payment Limit.

**b. SUPPLIER:** The “supplier” is the U.S. entity which produces the items and/or performs the services to be exported.

Check if the supplier is also the  exporter or complete the following:

(Ex-Im use only: File #: \_\_\_\_\_)

Supplier Name: _____	Phone #: _____
Contact person: _____	Fax #: _____
Position Title: _____	E-Mail: _____
Street Address: _____	City: _____
State: _____	Zip Code: _____
Taxpayer ID #: _____ Duns #: _____	Congressional District: _____
Fiscal year ended (mo. & yr.): _____ Gross sales revenue in last fiscal year: \$ _____	# of employees: _____
Standard Industrial Code of business: _____ Indicate (Not Required) if owned by a <input type="checkbox"/> Woman or <input type="checkbox"/> Ethnic Minority, describe: _____	

**c. PRODUCTS:** All applicants should note that there are specific United States content requirements for all transactions and that exporters are required to complete an Exporter’s Certificate form EIB-94-07 for “Documentary” cover.

- (1) Products:  New  Used (If used, complete and attach Used Equipment Questionnaire, EIB-92-63)
- (2) Description of products: \_\_\_\_\_
- (3) Are products listed on the United States Munitions List (part 121 of Title 22 of the Code of Federal Regulations)?  Yes  No
- (4) Is each product produced or manufactured in the United States?  Yes  No
- (5) Is at least one half of the value, exclusive of price mark-up, exclusively of US origin?  Yes  No
- (6) Will any value be added to the products after export from the United States?  Yes  No

If yes please attach an explanation; the transaction may not be eligible for coverage.

See the US Dept of Commerce Website <[http://www.ita.doc.gov/import\\_admin/records/status](http://www.ita.doc.gov/import_admin/records/status)> for a list of products and countries with Anti-Dumping or Countervailing Duty sanctions, or call Ex-Im Bank’s Country Risk Analysis Division at 202 565-3730.

**6. PARTICIPANTS:** Describe any direct or indirect ownership or family relationship between any of the participants in this transaction.

If none, insert “none”. \_\_\_\_\_

